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Health Care Reform: Perceptions of Nonmetropolitan Nebraskans

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NEBRASKA RURAL POLL

A Research Report

Health Care Reform: Perceptions of Nonmetropolitan Nebraskans

2013 Nebraska Rural Poll Results

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Executive Summary

The Affordable Care Act (also known as the health care reform law) includes provisions that are intended to expand access to insurance, increase consumer insurance protections, improve quality and system performance and curb rising health care costs. Though some of the reforms were effective in 2010, many provisions will be effective January 1, 2014. How well do rural Nebraskans understand what's in the new law? How do they think the law will affect various groups? Do they think it will be successful at accomplishing its objectives? How do rural Nebraskans currently obtain their health insurance? This paper provides a detailed analysis of these questions.

This report details 2,317 responses to the 2013 Nebraska Rural Poll, the eighteenth annual effort to understand rural Nebraskans' perceptions. Respondents were asked a series of questions about health insurance and their opinions about the new health care reform law. Comparisons are made among different respondent subgroups, that is, comparisons by age, occupation, region, etc. Based on these analyses, some key findings emerged:

- ***Most rural Nebraskans currently have health insurance.*** Only nine percent of rural Nebraskans do not have health insurance while 55 percent have health insurance through job benefits. Just under one-quarter (24%) have insurance through a government program such as Medicaid or Medicare. Over one-half (51%) of the persons who have health insurance through a government program also purchased supplemental insurance on their own. This question was also asked in 2004. The responses then are nearly identical to this year.
- ***The persons living in or near the largest communities are more likely than persons living in or near the smaller communities to have insurance through job benefits.*** Sixty-two percent of persons living in or near communities with populations of 10,000 or more have health insurance through job benefits. In comparison, only 48 percent of persons living in or near communities with less than 500 people have this benefit.
- ***Persons living in the North Central region, persons with lower household incomes, persons who have never married, persons with lower education levels and persons with food service or personal care occupations are the groups most likely to be uninsured.*** Fifteen percent of persons from the North Central region do not have health insurance. One quarter (25%) of persons with household incomes under \$20,000 do not have health insurance. Just under one in five (19%) of persons who have never married are currently without health insurance. Twelve percent of persons without a four year college degree do not have health insurance and 34 percent of persons with food service or personal care occupations are currently uninsured.
- ***Most rural Nebraskans plan on having health insurance next year.*** Only two percent of rural Nebraskans do not plan to have health insurance next year. Over one-half (54%) expect to have health insurance through job benefits and one-quarter (25%) expect to have health insurance through a government program.

- ***Many rural Nebraskans do not understand the new health care reform law at all.*** Over four in ten rural Nebraskans say they don't understand it at all and almost one-third say not too well. Only five percent say they understand it very well.
- ***Most rural Nebraskans think the country as a whole and self-employed individuals will be worse off under the new health care reform law.*** Fifty-four percent of rural Nebraskans think the country as a whole will be worse off under the new law and 52 percent think self-employed individuals will be worse off. Just over one-third (35%) of rural Nebraskans think people currently without health insurance will be better off under the new law. Approximately one-quarter of rural Nebraskans are unsure how the various groups will be affected by the new law.
- ***Persons living in or near smaller communities are more likely than persons living in or near large communities to say they and their family will be worse off under the new health care reform law.*** Over one-half (56%) of persons living in or near communities with less than 500 people say they and their family will be worse off under the new health care reform law, compared to 43 percent of persons living in or near communities with populations of 10,000 or more.
- ***Most rural Nebraskans think the new health care reform law will not be successful at decreasing health care costs overall.*** And, many rural Nebraskans (44%) think it will not be successful at increasing the quality of health care. However, over one-third (36%) of rural Nebraskans think the new law will be somewhat successful at increasing access to health insurance coverage. Approximately one-third of rural Nebraskans are unsure if the new law will be successful at accomplishing the various items.
- ***Most rural Nebraskans anticipate getting information regarding the new health care reform law from the media.*** Many rural Nebraskans expect to get information about the new law from their employer, their doctor, the Internet, their insurance agent and friends or relatives.

Introduction

The Affordable Care Act (also known as the health care reform law) includes provisions that are intended to expand access to insurance, increase consumer insurance protections, improve quality and system performance and curb rising health care costs. Though some of the reforms were effective in 2010, many provisions will be effective January 1, 2014. How well do rural Nebraskans understand what's in the new law? How do they think the law will affect various groups? Do they think it will be successful at accomplishing its objectives? How do rural Nebraskans currently obtain their health insurance? This paper provides a detailed analysis of these questions.

This report details 2,317 responses to the 2013 Nebraska Rural Poll, the eighteenth annual effort to understand rural Nebraskans' perceptions. Respondents were asked a series of questions about health insurance and their opinions about the new health care reform law.

Methodology and Respondent Profile

This study is based on 2,317 responses from Nebraskans living in the 84 non-metropolitan counties in the state.¹ A self-administered questionnaire was mailed in March and April to 6,320 randomly selected households. Metropolitan counties not included in the sample were Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington. The 14-page questionnaire included questions pertaining to well-being, community, health care, water, climate and

¹ In the spring of 2013, the Grand Island area (Hall, Hamilton, Howard and Merrick Counties) was designated a metropolitan area. The mailing list for this survey was already purchased prior to this designation so those four counties were included in our sample and in the data presented here.

taxes. This paper reports only results from the health care section of the survey.

A 37% response rate was achieved using the total design method (Dillman, 1978). The sequence of steps used follow:

1. A pre-notification letter was sent requesting participation in the study.
2. The questionnaire was mailed with an informal letter signed by the project director approximately seven days later.
3. A reminder postcard was sent to the entire sample approximately seven days after the questionnaire had been sent.
4. Those who had not yet responded within approximately 14 days of the original mailing were sent a replacement questionnaire.

Appendix Table 1 shows demographic data from this year's study and previous rural polls, as well as similar data based on the entire nonmetropolitan population of Nebraska (using the latest available data from the 2010 U.S.

Census and the 2007 - 2011 American Community Survey). As can be seen from the table, there are some marked differences between some of the demographic variables in our sample compared to the Census data. Thus, we suggest the reader use caution in generalizing our data to all rural Nebraska. However, given the random sampling frame used for this survey, the acceptable percentage of responses, and the large number of respondents, we feel the data provide useful insights into opinions of rural Nebraskans on the various issues presented in this report. The margin of error for this study is plus or minus two percent.

Since younger residents have typically been under-represented by survey respondents and older residents have been over-represented, weights were used to adjust the sample to match the age distribution in the

nonmetropolitan counties in Nebraska (using U.S. Census figures from 2010).

The average age of respondents is 51 years. Seventy percent are married (Appendix Table 1) and 68 percent live within the city limits of a town or village. On average, respondents have lived in Nebraska 43 years and have lived in their current community 28 years. Fifty-two percent are living in or near towns or villages with populations less than 5,000. Ninety-six percent have attained at least a high school diploma.

Thirty-five percent of the respondents report their 2012 approximate household income from all sources, before taxes, as below \$40,000. Fifty percent report incomes over \$50,000.

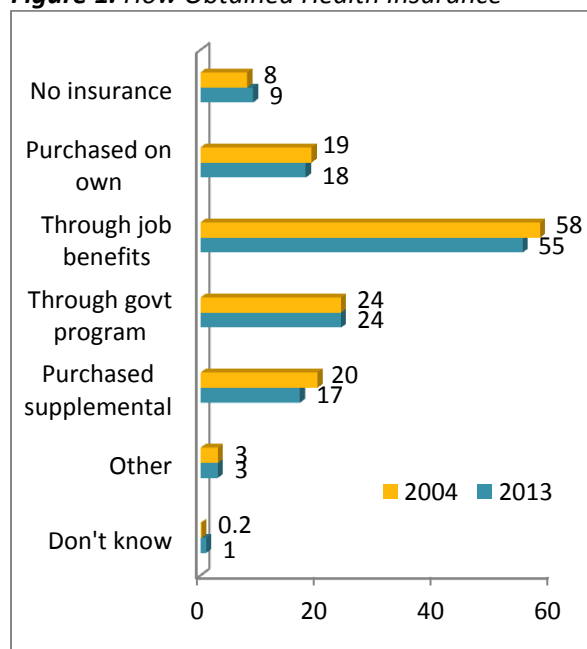
Seventy-four percent were employed in 2012 on a full-time, part-time, or seasonal basis. Eighteen percent are retired. Twenty-nine percent of those employed reported working in a management, professional, or education occupation. Fifteen percent indicated they were employed in agriculture.

Health Insurance

Since one purpose of the Affordable Care Act is extending health care insurance coverage, rural Nebraskans were asked a couple questions about their coverage. First they were asked if they currently have health insurance. If they did, they were also asked to indicate how they obtained this insurance. Nine percent of rural Nebraskans do not have health insurance while 55 percent have health insurance through job benefits (Figure 1).

Just under one-quarter (24%) have insurance through a government program such as Medicaid or Medicare. Over one-half (51%) of the persons who have health insurance through a government program also purchased

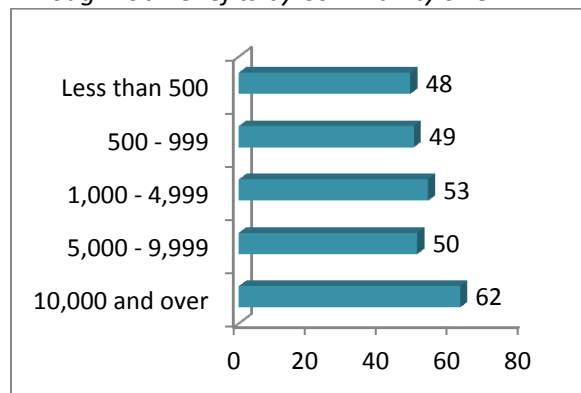
Figure 1. How Obtained Health Insurance



supplemental insurance on their own. This question was also asked in 2004. The responses then are nearly identical to this year.

The responses are analyzed by community size, region and various individual attributes (Appendix Table 2). Persons living in or near the smallest communities are more likely than persons living in or near larger communities to have purchased their health insurance on their own. Approximately 20 percent of persons living in or near communities with populations under 5,000 purchased their health insurance on their own, compared to 13 percent of persons living in or near communities with populations of 10,000 or more. The persons living in or near the largest communities are more likely than persons living in or near the smaller communities to have insurance through job benefits. Sixty-two percent of persons living in or near communities with populations of 10,000 or more have health insurance through job benefits (Figure 2). In comparison, only 48 percent of persons living in or near

Figure 1. Percent Having Health Insurance Through Job Benefits by Community Size



communities with less than 500 people have this benefit.

Persons living in the North Central region (see Appendix Figure 1 for the counties included in each region) are more likely than persons living in other regions of the state to be without health insurance. Fifteen percent of persons from the North Central region do not have health insurance, compared to five percent of persons from the Southeast region. Persons living in the South Central region are more likely than persons living in other regions to have health insurance through job benefits. Sixty percent of South Central residents have health insurance through job benefits, compared to 49 percent of North Central residents.

Persons with lower household incomes are more likely than persons with higher incomes to be without health insurance, to have health insurance through a government program and to have purchased supplemental insurance on their own. One-quarter (25%) of persons with household incomes under \$20,000 do not currently have health insurance and over one-half (52%) of these respondents have health insurance through a government program such as Medicaid or Medicare. Persons with higher household incomes are more likely

than persons with lower incomes to have health insurance through job benefits.

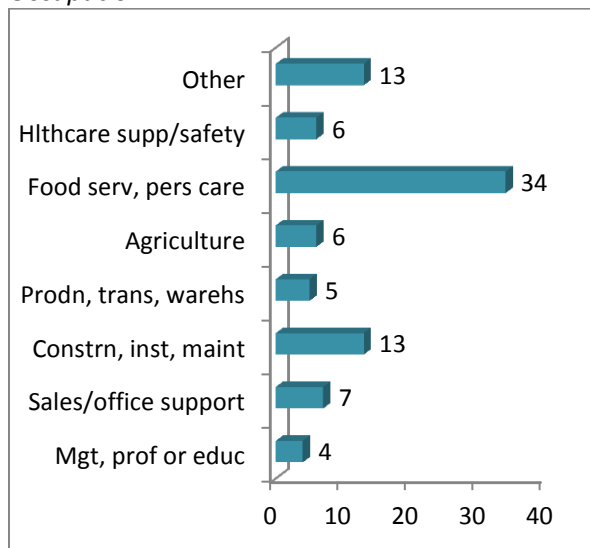
Older persons are more likely than younger persons to have purchased health insurance on their own, to have health insurance through a government program and to have purchased supplemental insurance on their own. Younger persons are more likely than older persons to have health insurance through job benefits.

Persons who have never married are the marital group most likely to be without health insurance. Just under one in five (19%) of persons who have never married are currently without health insurance. Married persons are the marital group most likely to have health insurance through job benefits. Widowed persons are the group most likely to have purchased health insurance on their own, to have health insurance through a government program and to have purchased supplemental insurance on their own.

Persons with less education are more likely than persons with more education to be without health insurance, to have health insurance through a government program and to have purchased supplemental insurance on their own. Persons with higher education levels are more likely than persons with less education to have health insurance through job benefits.

Over one-third (34%) of persons working in food service or personal care occupations are currently without health insurance (Figure 3). Persons with occupations in agriculture are the occupation group most likely to have purchased health insurance on their own, to have health insurance through a government program and to have purchased supplemental insurance on their own. Persons with production, transportation and warehousing occupations are the group most likely to have health insurance through job benefits.

Figure 2. Percent Without Health Insurance by Occupation

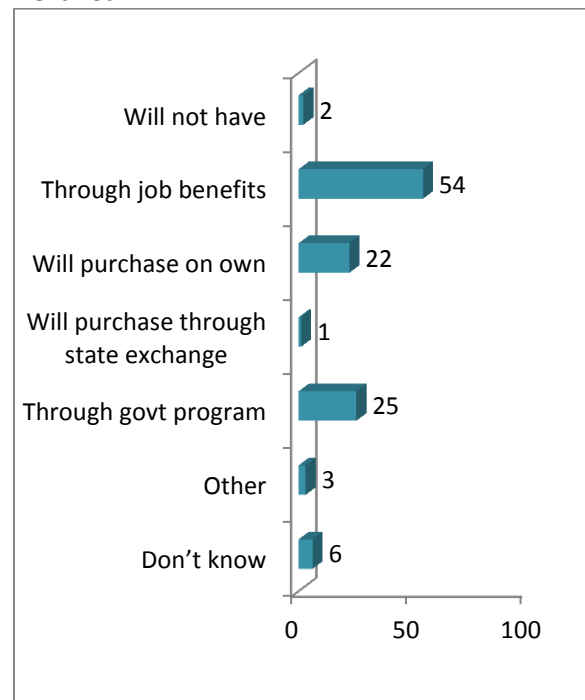


To see how rural Nebraskans are planning for their future health insurance needs, they were asked if they expect to have health insurance next year and if so, how they plan to obtain it. Only two percent do not plan to have health insurance next year (Figure 4). Over one-half (54%) expect to have health insurance through job benefits and one-quarter (25%) expect to have health insurance through a government program.

Of those respondents who do not currently have health insurance, 15 percent do not expect to have health insurance next year either. One-third (33%) don't know if they will have health insurance next year. Other responses for this group include: through job benefits (18%), will purchase on own (14%), will purchase through state exchanges (4%), through a government program (21%), and other (8%).

Responses to this question are examined by community size, region and various individual attributes (Appendix Table 3). Many of the groups that were more likely to not currently have insurance are the ones most likely to be

Figure 3. Expected Source of Health Insurance Next Year



unsure if they will have coverage next year. Eleven percent of the North Central residents don't know if they will have health insurance coverage next year.

Fourteen percent of persons with household incomes less than \$20,000 are unsure if they will have coverage next year. The percentage of this group planning to purchase health insurance on their own increased to 24 percent, compared to 18 percent who currently purchase their own health insurance.

Fifteen percent of the persons with food service or personal care occupations are unsure if they will have health insurance next year. Almost one-third (31%) of this group expect to get health insurance through a government program such as Medicaid or Medicare next year. In comparison, 23 percent of this occupation group currently has health insurance through a government program. And, 17 percent plan to purchase health insurance

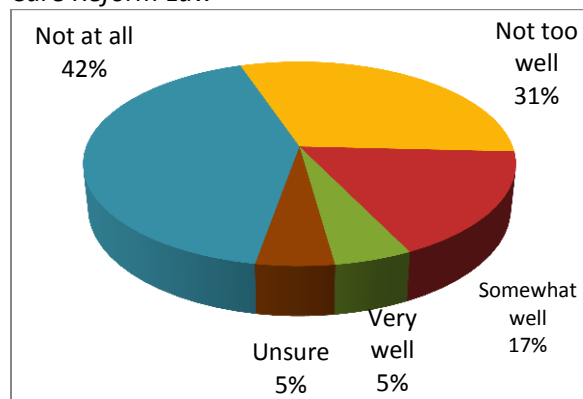
on their own next year, compared to 10 percent who currently do so.

Opinions about the Affordable Care Act

Respondents were next asked how well they understand the new health care reform law. The exact question wording was, “All in all, how well do you feel you understand what’s in the new health care reform law (the Affordable Care Act)?”

Most rural Nebraskans do not understand the new health care reform law. Over four in ten rural Nebraskans say they don’t understand it at all and almost one-third say not too well (Figure 5). Only five percent say they understand it very well.

Figure 4. How Well Understand New Health Care Reform Law



The responses to this question are examined by community size, region and various individual attributes (Appendix Table 4). Many differences emerge.

Residents of the North Central region are more likely than residents of other regions to be unsure how well they understand the Affordable Care Act. Ten percent of the North Central residents are unsure how well they understand it. Furthermore, only 16 percent of the North Central residents say they understand

the Affordable Care Act very or somewhat well. In comparison, approximately 23 percent of the residents of the other regions of the state say they understand the new law somewhat or very well.

The groups most likely to say they don’t understand the new Affordable Care Act at all include: persons with lower household incomes, older persons, males, persons who have never married, widowed persons, persons with lower education levels and persons with construction, installation or maintenance occupations.

Next, respondents were asked if various groups will be better or worse off under the health care reform law. Most rural Nebraskans think the country as a whole as well as self-employed individuals will be worse off under the new law (Table 1). Just over one-third of rural Nebraskans think people currently without health insurance will be better off under the new law. Approximately one-quarter of rural Nebraskans are unsure how the various groups will be affected by the new law.

Many differences in the responses to this question occur by community size, region and various individual attributes (Appendix Table 5). Persons living in or near smaller communities are more likely than persons living in or near large communities to say they and their family will be worse off under the new law. Over one-half (56%) of persons living in or near communities with less than 500 people say they and their family will be worse off under the new health care reform law, compared to 43 percent of persons living in or near communities with populations of 10,000 or more.

Other groups most likely to say they and their families will be worse off under the new health care reform law include: persons with higher household incomes, persons age 40 to 49,

Table 1. Perceptions of Impacts of Health Care Reform Law on Various Groups

	<i>Worse off</i>	<i>Not much difference</i>	<i>Better off</i>	<i>Unsure</i>
You and your family	46%	27%	5%	22%
Lower income Americans	30	15	31	25
Middle class Americans	48	21	8	24
People currently without health insurance	27	13	35	26
The country as a whole	54	11	9	26
People age 65 and older	47	20	7	26
Self-employed individuals	52	12	8	28
People with pre-existing health issues	33	12	29	26
Children	26	24	19	31

males, married persons, persons with higher education levels, persons with occupations in agriculture and persons with occupations in construction, installation or maintenance.

Persons with the lowest household incomes are more likely than persons with higher incomes to think that lower income Americans will be worse off under the new law. Approximately 40 percent of persons with household incomes under \$40,000 say lower income Americans will be worse off under the new law, compared to 22 percent of persons with household incomes of \$60,000 or more. Other groups most likely to think lower income Americans will be worse off under the new health care reform law include: Panhandle residents; North Central residents; older persons; males; persons with less education; persons with food service or personal care occupations; and persons with occupations classified as other.

Persons with higher household incomes are more likely than persons with lower incomes to think middle class Americans will be worse off under the new law. Over one-half (55%) of persons with household incomes of \$60,000 or more think middle class Americans will be worse off under the new law, compared to 31 percent of persons with household incomes under \$20,000. Other groups most likely to

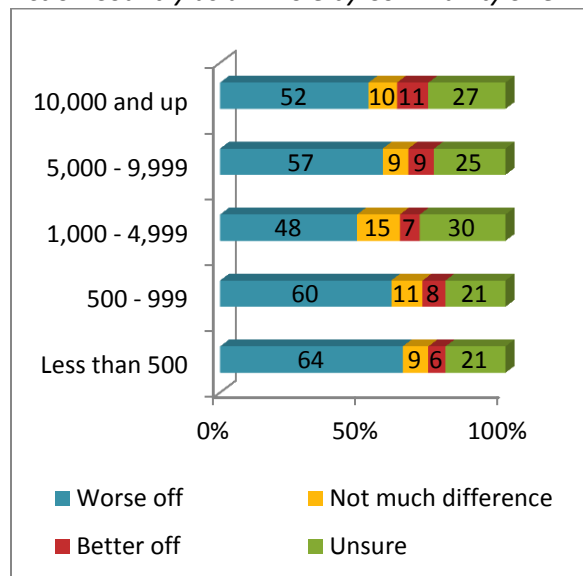
think middle class Americans will be worse off under the new law include: persons age 30 to 64, males, married persons and persons with at least a four year college degree.

Persons with food service or personal care occupations are more likely than persons with different occupations to think people currently without health insurance will be worse off under the new health care reform law. Almost one-half (46%) of persons with food service or personal care occupations think people currently without health insurance will be worse off under the new law, compared to 21 percent of persons with management, professional or education occupations. Other groups most likely to think people currently without health insurance will be worse off under the new law include: persons living in or near smaller communities, Panhandle residents, persons with lower household incomes, older persons, persons who are divorced or separated, and persons with a high school diploma or less education.

Persons living in or near smaller communities are more likely than persons living in or near larger communities to think the country as a whole will be worse off under the new law. Sixty-four percent of persons living in or near communities with populations less than 500

think the country as a whole will be worse off under the new law, compared to 48 percent of persons living in or near communities with populations ranging from 1,000 to 4,999 (Figure 6). Other groups most likely to think the country as a whole will be worse off under the new law include: Panhandle residents, persons with higher household incomes, persons age 40 to 64, males, married persons and persons with higher education levels.

Figure 5. Perceived Impact of Affordable Care Act on Country as a Whole by Community Size



Panhandle residents are more likely than residents of other regions of the state to think people age 65 and older will be worse off under the new law. Just over one-half (51%) of Panhandle residents think persons age 65 and older will be worse off under the new health care reform law. Other groups most likely to think persons age 65 and older will be worse off under the new law include: persons living in or near smaller communities, persons with higher household incomes, persons age 50 to 64, and persons with higher education levels.

Panhandle residents are the regional group most likely to think self-employed individuals

will be worse off under the new health care reform law. Sixty-three percent of Panhandle residents think self-employed individuals will be worse off under the new law, compared to 48 percent of South Central residents. Other groups most likely to think self-employed individuals will be worse off under the new law include: persons living in or near communities with populations ranging from 500 to 999, persons with higher household incomes, persons age 40 to 64, males, married persons, and persons with higher education levels. When comparing responses by occupation, persons with food service or personal care occupations are the group *least* likely to think self-employed individuals will be worse off under the new law.

The groups most likely to think people with pre-existing health issues will be worse off under the new law include: Panhandle residents, persons with lower household incomes, persons age 50 to 64, males, persons with some college education and persons with occupations classified as other.

Persons living in or near the smallest communities are more likely than persons living in or near larger communities to think children will be worse off under the new health care reform law. Thirty-six percent of persons living in or near communities with populations less than 500 think children will be worse off under the new law, compared to 22 percent of persons living in or near communities with populations of 10,000 or more. Other groups most likely to think children will be worse off under the new law include: older persons, males, married persons, persons who are divorced or separated and persons with sales or office support occupations.

Then, respondents were asked how successful the health care reform law is likely to be at accomplishing various items. Most rural Nebraskans think the new health care reform

law will not be successful at decreasing health care costs overall (Table 2). And, many rural Nebraskans think it will not be successful at increasing the quality of health care. However, over one-third (36%) of rural Nebraskans think the new law will be somewhat successful at increasing access to health insurance coverage. Approximately one-third of rural Nebraskans are unsure if the new law will be successful at accomplishing the various items.

The responses to this question are analyzed by community size, region and various individual attributes (Appendix Table 6). Some differences emerge.

North Central residents are more likely than residents of other regions to think the new law will not be successful in increasing access to health insurance coverage. Thirty-one percent of North Central residents think the new law will not be successful in increasing access to health insurance coverage, compared to 25 percent of Northeast region residents. Other

groups most likely to think the new law will not be successful at increasing access to health insurance coverage include: persons with the highest household incomes; older persons; males; married persons; persons with construction, installation or maintenance occupations and persons with occupations classified as other.

Panhandle residents are more likely than persons living in other regions of the state to think the new law will not be successful at increasing access to medical health care services. Forty percent of Panhandle residents believe the new law will not be successful at increasing access to medical health care services, compared to 31 percent of Southeast region residents. Other groups most likely to believe the new law will not be successful at increasing access to medical health care services include: persons with the highest household incomes, persons age 50 to 64, males, married persons, persons with the

Table 2. Expected Success of Health Care Reform Law Accomplishing Various Items

	<i>Not at all successful</i>	<i>Somewhat successful</i>	<i>Completely successful</i>	<i>Unsure</i>
Increasing access to health insurance coverage	27%	36%	4%	33%
Increasing access to medical health care services	33	30	4	33
Increasing use of the most up-to-date information technology in hospitals and doctors' offices	33	27	5	35
Increasing quality of health care	44	20	4	32
Motivating and supporting people to improve their health	41	24	5	30
Health care professionals and organizations, such as hospitals, working together to better manage care for patients	38	25	5	32
Ensuring access to the latest and newest innovations in treatment, services and medical technology	38	24	5	33
Decreasing health care costs overall	58	10	3	29

highest education levels, persons with occupations in agriculture and persons with occupations in construction, installation or maintenance.

The groups most likely to believe that the new health care reform law will not accomplish increasing use of the most up-to-date information technology in hospitals and doctors' offices or increasing quality of health care include: persons with the highest household incomes, persons age 50 to 64, males, married persons, persons with the highest education levels and persons with occupations in construction, installation or maintenance.

The groups most likely to think the new health care reform law will not accomplish motivating and supporting people to improve their health include: residents of the South Central region, residents of the Southeast region, persons with the highest household incomes, persons age 40 to 49, males, married persons, persons with higher education levels and persons with occupations in construction, installation or maintenance.

The groups most likely to believe the new law will not accomplish health care professionals and organizations, such as hospitals, working together to better manage care for patients include: persons living in or near the smallest communities, persons with the highest household incomes, persons age 50 to 64, males, married persons, persons with the highest education levels and persons with occupations in construction, installation or maintenance.

The groups most likely to think the new health care reform law will not accomplish either ensuring access to the latest and newest innovations in treatment, services and medical technology or decreasing health care costs

overall include: persons with the highest household incomes, persons age 50 to 64, males, married persons, and persons with the highest education levels. Persons with occupations in agriculture and food service or personal care are the occupation groups most likely to believe the new law will not be successful at ensuring access to the latest and newest innovations in treatment, services and medical technology. Persons with occupations in construction, installation or maintenance and occupations in healthcare support or public safety are the occupation groups most likely to think the new law will not be successful at decreasing health care costs overall.

Finally, respondents were asked which sources they anticipate getting information from regarding the new health care reform law. Most rural Nebraskans anticipate getting information regarding the new health care reform law from the media (Table 3). Many rural Nebraskans expect to get information about the new law from their employer, their doctor, the Internet, their insurance agent and friends or relatives.

Table 3. Expected Information Sources for New Health Care Reform Law

	% selecting each
Insurance agent	32
Financial planner/accountant	8
Media	57
Internet	34
Your doctor	34
Your pharmacist	20
Local University of Nebraska	4
Extension office	
Government or health care agency/health care navigator	16
Friends or relatives	31
Your employer	37
Other	5

The responses to this question varied by community size, region and various individual attributes (Appendix Table 7). Persons living in or near the largest communities are more likely than persons living in or near smaller communities to anticipate getting information regarding the new health care reform law from the Internet and their employer. Persons living in or near smaller communities are more likely than persons living in or near larger communities to anticipate getting information from their doctor and their local University of Nebraska Extension office. Persons living in mid-size communities are the most likely to anticipate getting information about the new law from their pharmacist.

Residents of the North Central region are more likely than residents of other regions to anticipate getting information regarding the new law from their insurance agent. Forty percent of North Central residents anticipate getting information from their insurance agent, compared to 28 percent of Panhandle residents.

Persons with the highest household incomes are more likely than persons with lower household incomes to anticipate getting information from the following: financial planner/accountant, the media, the Internet, and their employer.

Older persons are more likely than younger persons to anticipate getting information from the following sources: their doctor, their pharmacist, their local University of Nebraska Extension office, and government or health agency/health care navigator. Younger people are more likely than older people to anticipate getting information from the Internet, friends or relatives and their employer.

Persons who have never married are the marital group most likely to anticipate getting

information from their insurance agent, their friends and relatives, and their employer. Widowed persons are the group most likely to expect to get information from their doctor and their pharmacist. Persons who are divorced/separated are the group most likely to anticipate getting information from government or health care agency/health care navigator.

Persons with higher education levels are more likely than persons with less education to expect to get information regarding the new health care reform law from the following sources: financial planner/accountant, the media, the Internet and their employer. Persons with less education are more likely than persons with more education to anticipate getting information from their pharmacist.

Persons with occupations in agriculture are the occupation group most likely to anticipate getting information about the new health care law from the following sources: insurance agent, their local University of Nebraska Extension office and friends or relatives. Persons with food service or personal care occupations are the group most likely to expect getting information from the following: the media, the Internet, and their doctor. Persons with healthcare support or public safety occupations are the group most likely to expect to get information regarding the new law from their employer.

Conclusion

Most rural Nebraskans currently have health insurance. Only nine percent of rural Nebraskans do not have health insurance while the majority of residents have health insurance through job benefits. These responses are nearly identical to 2004 when this question was last asked.

Persons living in the North Central region, persons with lower household incomes, persons who have never married, persons with lower education levels and persons with food service or personal care occupations are the groups most likely to be uninsured.

Most rural Nebraskans expect to have health insurance next year. Only two percent of residents do not plan on having health insurance next year. Many of the persons who currently do not have health insurance aren't sure if they will have coverage next year.

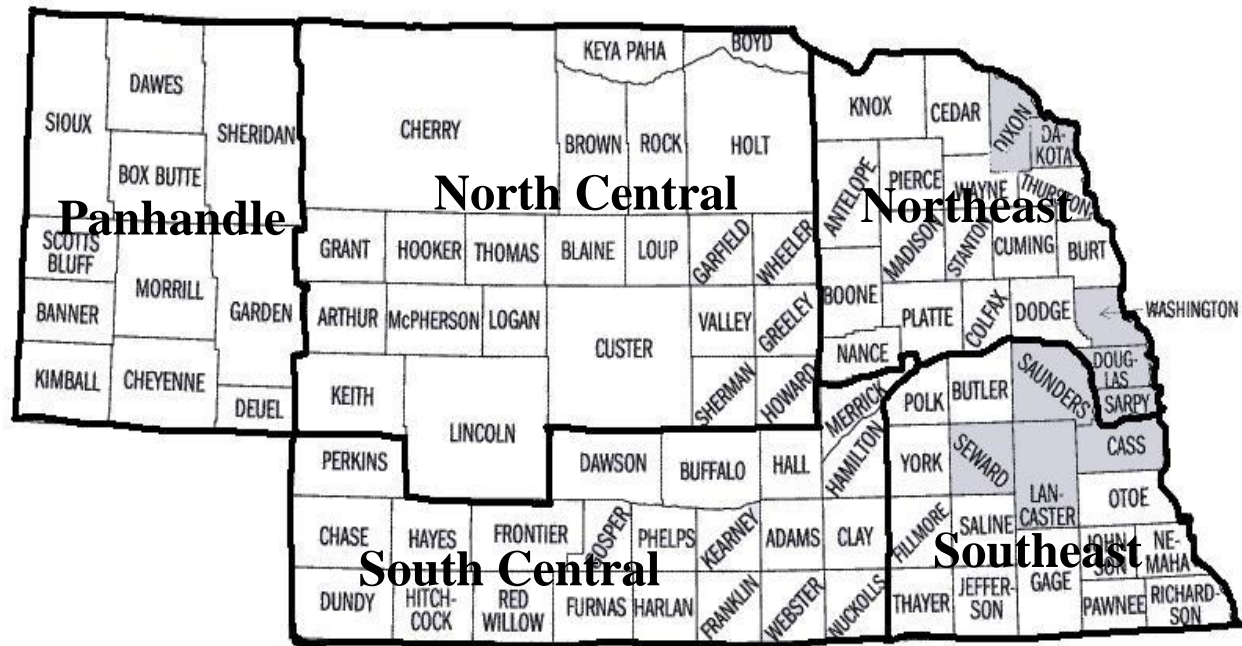
Most rural Nebraskans do not understand the new health care reform law. And, most rural Nebraskans think the country as a whole and self-employed individuals will be worse off under the new health care reform law. Just over one-third of rural Nebraskans think people currently without health insurance will be better off under the new law. But, many rural Nebraskans are unsure how the various groups will be affected by the new law. Persons living in or near smaller communities are more likely

than persons living in or near large communities to say they and their family will be worse off under the new health care reform law.

Most rural Nebraskans think the new health care reform law will not be successful at decreasing health care costs overall. And, many rural Nebraskans think it will not be successful at increasing the quality of health care. However, over one-third of rural Nebraskans think the new law will be somewhat successful at increasing access to health insurance coverage. Many rural Nebraskans are unsure if the new law will be successful at accomplishing the various items.

Most rural Nebraskans anticipate getting information regarding the new health care reform law from the media. Many rural Nebraskans expect to get information about the new law from their employer, their doctor, the Internet, their insurance agent and friends or relatives.

Appendix Figure 1. Regions of Nebraska



Metropolitan counties (not surveyed)

Appendix Table 1. Demographic Profile of Rural Poll Respondents¹ Compared to 2010 Census and 2007 – 2011 American Community Survey 5 Year Average for Nebraska*

	2013 Poll	2012 Poll	2011 Poll	2010 Poll	2009 Poll	2008 Poll	2007- 2011 ACS
Age : ²							
20 - 39	31%	31%	31%	32%	32%	32%	30.5%
40 - 64	44%	44%	44%	44%	44%	44%	45.6%
65 and over	24%	24%	24%	24%	24%	24%	23.9%
Gender: ³							
Female	51%	61%	60%	59%	57%	56%	50.5%
Male	49%	39%	40%	41%	43%	44%	49.5%
Education: ⁴							
Less than 9 th grade	1%	1%	1%	1%	2%	2%	4.5%
9 th to 12 th grade (no diploma)	3%	3%	3%	3%	3%	3%	7.4%
High school diploma (or equiv.)	23%	22%	26%	25%	26%	26%	35.1%
Some college, no degree	25%	25%	23%	25%	25%	25%	25.9%
Associate degree	15%	15%	16%	14%	15%	12%	9.8%
Bachelors degree	22%	24%	19%	20%	20%	21%	12.7%
Graduate or professional degree	12%	11%	12%	11%	10%	10%	4.7%
Household Income: ⁵							
Less than \$10,000	5%	6%	6%	6%	6%	7%	6.2%
\$10,000 - \$19,999	7%	10%	10%	10%	9%	10%	13.1%
\$20,000 - \$29,999	13%	11%	13%	13%	13%	14%	12.6%
\$30,000 - \$39,999	10%	10%	14%	12%	13%	14%	12.0%
\$40,000 - \$49,999	15%	12%	11%	13%	12%	13%	10.6%
\$50,000 - \$59,999	10%	13%	12%	11%	13%	11%	9.8%
\$60,000 - \$74,999	11%	14%	12%	13%	14%	13%	11.4%
\$75,000 or more	29%	25%	22%	23%	21%	18%	24.1%
Marital Status: ⁶							
Married	70%	70%	66%	71%	68%	70%	56.3%
Never married	12%	10%	14%	9%	10%	10%	24.4%
Divorced/separated	9%	11%	11%	11%	11%	11%	11.4%
Widowed/widower	9%	10%	10%	9%	11%	9%	7.9%

¹ Data from the Rural Polls have been weighted by age.

² 2010 Census universe is non-metro population 20 years of age and over.

³ 2010 Census universe is total non-metro population.

⁴ 2007-2011 American Community Survey universe is non-metro population 18 years of age and over.

⁵ 2007-2011 American Community Survey universe is all non-metro households.

⁶ 2007-2011 American Community Survey universe is non-metro population 15 years of age and over.

*Comparison numbers are estimates taken from the American Community Survey five-year sample and may reflect significant margins of error for areas with relatively small populations.

Appendix Table 2. Sources of Health Insurance by Community Size, Region and Various Individual Attributes

	<i>Do you currently have health insurance? If so, how did you obtain this insurance?</i>						
	<i>Do not have health insurance</i>	<i>Purchased on your own</i>	<i>Through job benefits (own or spouse's)</i>	<i>Through a government program</i>	<i>Purchased supplemental insurance on own</i>	<i>Other</i>	<i>Don't know</i>
	<i>Percent circling each response</i>						
Total	9	18	55	24	17	3	1
Community Size				(n = 2113)			
Less than 500	10	21	48	25	17	5	0*
500 - 999	13	20	49	27	17	1	3
1,000 - 4,999	9	21	53	23	19	2	0*
5,000 - 9,999	9	19	50	24	15	5	0*
10,000 and up	7	13	62	22	15	1	0*
Significance	(.173)	(.003)*	(.000)*	(.576)	(.457)	(.000)*	(.000)*
Region				(n = 2126)			
Panhandle	10	15	56	25	18	2	0
North Central	15	17	49	23	17	3	0*
South Central	9	16	60	21	15	2	1
Northeast	7	20	52	25	17	3	0*
Southeast	5	20	55	27	19	3	0*
Significance	(.000)*	(.275)	(.020)*	(.273)	(.693)	(.498)	(.291)
Income Level				(n = 2008)			
Under \$20,000	25	18	10	52	30	2	1
\$20,000 - \$39,999	16	18	43	31	20	4	0*
\$40,000 - \$59,999	7	19	61	19	15	2	1
\$60,000 and over	2	15	75	10	9	2	0*
Significance	(.000)*	(.114)	(.000)*	(.000)*	(.000)*	(.540)	(.034)*
Age				(n = 2137)			
19 - 29	11	13	68	4	4	4	1
30 - 39	9	15	71	5	2	2	0
40 - 49	10	18	70	4	2	1	0
50 - 64	9	21	63	9	5	2	1
65 and older	5	20	15	79	58	3	0*
Significance	(.030)*	(.013)*	(.000)*	(.000)*	(.000)*	(.049)*	(.023)*
Marital Status				(n = 2124)			
Married	6	19	62	20	14	2	1
Never married	19	10	53	13	8	4	0
Divorced/separated	15	16	43	25	12	2	1
Widowed	7	22	19	68	55	3	1
Significance	(.000)*	(.003)*	(.000)*	(.000)*	(.000)*	(.182)	(.707)
Education				(n = 2102)			
H.S. diploma or less	12	18	41	38	28	2	1
Some college	12	18	55	21	12	3	1
Bachelors degree	2	17	67	15	12	2	0*
Significance	(.000)*	(.882)	(.000)*	(.000)*	(.000)*	(.664)	(.481)
Occupation				(n = 1561)			
Mgt, prof or education	4	15	75	9	7	1	0*
Sales or office support	7	14	69	16	8	3	0
Constrn, inst or maint	13	15	65	13	11	3	1
Prodn/trans/warehsing	5	5	84	9	7	0	0
Agriculture	6	36	37	22	19	4	0
Food serv/pers. care	34	10	35	23	10	2	0
Hlthcare supp/safety	6	15	75	7	4	2	0
Other	13	13	56	20	15	5	4
Significance	(.000)*	(.000)*	(.000)*	(.000)*	(.000)*	(.035)*	(.000)*

* Chi-square values are statistically significant at the .05 level.; 0* = Less than 1 percent.

Appendix Table 3. Source of Health Insurance Next Year by Community Size, Region and Individual Attributes

	<i>Do you expect to have health insurance next year? If so, how do you think you will obtain this insurance?</i>						
	<i>Will not have health insurance</i>	<i>Through job benefits (own or spouse's)</i>	<i>Will purchase on own</i>	<i>Will purchase through state exchanges</i>	<i>Through a government program</i>	<i>Other</i>	<i>Don't know</i>
<i>Percent circling each response</i>							
Total	2	54	22	1	25	3	6
Community Size				(n = 2095)			
Less than 500	3	48	20	2	28	4	10
500 - 999	2	50	24	0*	27	6	6
1,000 - 4,999	2	53	26	1	24	2	5
5,000 - 9,999	1	53	24	2	23	3	7
10,000 and up	2	59	17	1	24	3	6
Significance	(.615)	(.003)*	(.001)*	(.409)	(.575)	(.081)	(.060)
Region				(n = 2109)			
Panhandle	4	55	20	1	25	2	7
North Central	1	52	19	0	25	5	11
South Central	2	56	21	1	22	4	6
Northeast	2	53	24	1	26	3	5
Southeast	2	53	23	2	27	3	4
Significance	(.229)	(.625)	(.324)	(.347)	(.355)	(.248)	(.004)*
Income Level				(n = 1994)			
Under \$20,000	6	11	24	3	52	7	14
\$20,000 - \$39,999	2	42	24	1	34	4	11
\$40,000 - \$59,999	1	60	22	1	18	4	4
\$60,000 and over	1	73	17	1	12	1	3
Significance	(.000)*	(.000)*	(.013)*	(.082)	(.000)*	(.000)*	(.000)*
Age				(n = 2119)			
19 - 29	0	70	18	0	3	4	6
30 - 39	3	72	16	0	5	2	5
40 - 49	1	71	19	1	6	1	6
50 - 64	3	60	21	2	13	2	8
65 and older	1	12	31	1	81	7	6
Significance	(.002)*	(.000)*	(.000)*	(.019)*	(.000)*	(.000)*	(.484)
Marital Status				(n = 2107)			
Married	2	60	21	1	21	3	5
Never married	2	56	18	0	12	3	11
Divorced/separated	3	41	22	3	26	2	11
Widowed	2	16	31	2	68	7	6
Significance	(.425)	(.000)*	(.012)*	(.064)	(.000)*	(.014)*	(.000)*
Education				(n = 2085)			
H.S. diploma or less	4	40	23	1	39	3	8
Some college	2	56	21	1	21	4	8
Bachelors degree	1	64	20	1	17	3	2
Significance	(.001)*	(.000)*	(.439)	(.574)	(.000)*	(.544)	(.000)*
Occupation				(n = 1564)			
Mgt, prof or education	1	72	18	1	10	2	2
Sales or office support	2	66	16	0	16	4	6
Constrn, inst or maint	3	64	15	1	15	2	9
Prodn/trans/warehsing	1	85	7	0	9	2	5
Agriculture	1	38	41	0	22	2	6
Food serv/pers. care	6	35	17	0	31	4	15
Hlthcare supp/safety	1	74	16	1	9	2	3
Other	3	55	18	1	18	8	8
Significance	(.134)	(.000)*	(.000)*	(.405)	(.000)*	(.003)*	(.000)*

* Chi-square values are statistically significant at the .05 level.; 0* = Less than 1 percent.

Appendix Table 4. How Well Understand New Health Care Reform Law by Community Size, Region and Individual Attributes

<i>All in all, how well do you feel you understand what's in the new health care reform law (the Affordable Care Act)?</i>						
	<i>Not at All Well</i>	<i>Not Too Well</i>	<i>Somewhat Well</i>	<i>Very Well</i>	<i>Unsure</i>	<i>Chi-square (sig.)</i>
<i>Percentages</i>						
Total	42	31	17	5	5	
Community Size			(n = 2109)			
Less than 500	48	29	14	5	5	
500 - 999	44	26	21	3	7	
1,000 - 4,999	41	32	17	5	5	
5,000 - 9,999	41	28	18	6	7	$\chi^2 = 20.65$
10,000 and up	41	32	18	5	4	(.192)
Region			(n = 2120)			
Panhandle	44	24	18	7	6	
North Central	44	30	11	5	10	
South Central	38	35	19	4	4	
Northeast	45	28	20	3	4	$\chi^2 = 48.31^*$
Southeast	40	32	16	7	5	(.000)
Income Level			(n = 2006)			
Under \$20,000	46	26	12	5	11	
\$20,000 - \$39,999	46	26	18	4	6	
\$40,000 - \$59,999	43	34	12	4	7	$\chi^2 = 82.11^*$
\$60,000 and over	37	33	23	6	2	(.000)
Age			(n = 2131)			
19 - 29	36	35	15	7	7	
30 - 39	43	32	17	3	5	
40 - 49	41	32	21	5	2	
50 - 64	42	29	20	6	4	$\chi^2 = 45.19^*$
65 and older	47	27	14	4	8	(.000)
Gender			(n = 2122)			
Male	44	29	18	5	4	$\chi^2 = 14.45^*$
Female	39	32	17	5	7	(.006)
Marital Status			(n = 2120)			
Married	40	32	18	6	4	
Never married	47	25	17	4	8	
Divorced/separated	43	30	19	2	6	$\chi^2 = 34.51^*$
Widowed	46	29	12	3	11	(.001)
Education			(n = 2106)			
H.S. diploma or less	46	26	16	4	9	
Some college	42	32	16	4	5	$\chi^2 = 50.44^*$
Bachelors degree	39	33	20	7	2	(.000)
Occupation			(n = 1560)			
Mgt, prof or education	40	34	21	3	2	
Sales or office support	47	28	18	5	1	
Constrn, inst or maint	52	23	21	2	2	
Prodn/trans/warehsing	48	33	10	4	6	
Agriculture	48	25	18	6	4	
Food serv/pers. care	41	43	6	8	2	
Hlthcare supp/safety	32	29	27	8	5	$\chi^2 = 93.83^*$
Other	40	23	19	7	12	(.000)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 5. Perceived Impacts of Health Care Reform Law on Specific Groups by Community Size, Region and Individual Attributes

<i>In general, do you think the following groups will be better or worse off under the health care reform law, or don't you think it will make much difference?</i>										
<i>You and your family</i>					<i>Lower-income Americans</i>					
	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	46	27	5	22		30	15	31	25	
Community Size		(n = 2060)					(n = 2045)			
Less than 500	56	22	4	19		35	17	26	22	
500 - 999	51	29	2	19		32	17	31	20	
1,000 - 4,999	45	27	4	25	$\chi^2 =$	28	16	29	27	$\chi^2 =$
5,000 - 9,999	48	26	5	21	23.77*	32	14	33	23	16.75
10,000 and up	43	29	5	23	(.022)	27	14	32	28	(.159)
Region		(n = 2120)					(n = 2109)			
Panhandle	49	29	6	16		37	9	37	16	
North Central	48	24	4	25		36	16	21	27	
South Central	46	29	5	21	$\chi^2 =$	27	18	31	25	$\chi^2 =$
Northeast	44	25	4	27	23.42*	27	12	31	31	65.09*
Southeast	49	30	4	17	(.024)	29	21	33	18	(.000)
Individual Attributes:										
<i>Household Income Level</i>		(n = 2007)					(n = 1999)			
Under \$20,000	39	26	8	27		40	12	22	27	
\$20,000 - \$39,999	48	22	6	24	$\chi^2 =$	41	13	22	25	$\chi^2 =$
\$40,000 - \$59,999	43	30	3	25	35.18*	26	17	29	27	95.39*
\$60,000 and over	49	30	4	17	(.000)	22	17	40	22	(.000)
<i>Age</i>		(n = 2132)					(n = 2118)			
19 - 29	48	23	3	27		24	19	29	28	
30 - 39	42	31	4	23		22	12	35	31	
40 - 49	52	25	3	21	$\chi^2 =$	31	17	28	24	$\chi^2 =$
50 - 64	46	30	7	17	39.21*	33	15	34	18	44.93*
65 and older	44	27	5	24	(.000)	34	14	27	26	(.000)
<i>Gender</i>		(n = 2121)			$\chi^2 =$		(n = 2111)			$\chi^2 =$
Male	51	28	5	16	44.56*	32	17	33	19	39.01*
Female	42	26	4	28	(.000)	27	14	29	30	(.000)
<i>Marital Status</i>		(n = 2119)					(n = 2110)			
Married	49	27	4	20		28	16	32	24	
Never married	41	31	4	24	$\chi^2 =$	35	14	28	23	$\chi^2 =$
Divorced/separated	43	27	8	23	20.70*	32	12	31	26	13.70
Widowed	38	28	5	30	(.014)	31	17	23	30	(.133)
<i>Education</i>		(n = 2101)					(n = 2089)			
High school diploma or less	38	26	5	31	$\chi^2 =$	32	12	22	34	$\chi^2 =$
Some college	49	25	4	22	55.23*	32	16	29	24	73.88*
Bachelors or grad degree	50	31	5	15	(.000)	25	17	39	18	(.000)
<i>Occupation</i>		(n = 1581)					(n = 1581)			
Mgt, prof or education	47	32	4	17		24	17	38	20	
Sales or office support	46	27	4	23		32	16	28	24	
Constrn, inst or maint	53	18	5	24		31	14	30	25	
Prodn/trans/warehsing	48	25	6	21		33	10	27	29	
Agriculture	54	22	3	22		27	16	33	24	
Food serv/pers. care	39	37	4	21	$\chi^2 =$	37	21	21	21	$\chi^2 =$
Hlthcare supp/safety	47	31	4	19	35.96*	26	14	36	23	44.26*
Other	44	22	2	32	(.022)	37	9	22	33	(.002)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 5 continued.

	<i>Middle class Americans</i>					<i>People currently without health insurance</i>				
	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	48	21	8	24		27	13	35	26	
Community Size		(n = 2037)					(n = 2036)			
Less than 500	55	19	6	20		32	17	30	22	
500 - 999	54	19	6	22		30	20	32	19	
1,000 - 4,999	48	19	6	27	$\chi^2 =$	26	11	36	28	$\chi^2 =$
5,000 - 9,999	46	24	7	24	17.86	29	11	35	26	34.54*
10,000 and up	46	21	9	24	(.120)	24	12	36	29	(.001)
Region		(n = 2098)					(n = 2099)			
Panhandle	55	20	7	18		34	13	36	18	
North Central	45	20	8	26		31	12	30	26	
South Central	49	21	9	22	$\chi^2 =$	24	13	35	28	$\chi^2 =$
Northeast	44	20	7	29	20.62	23	12	36	29	31.69*
Southeast	50	23	7	20	(.056)	28	17	36	20	(.002)
Individual Attributes:										
<i>Household Income Level</i>		(n = 1989)					(n = 1989)			
Under \$20,000	31	28	12	30		40	11	20	29	
\$20,000 - \$39,999	47	20	8	25	$\chi^2 =$	34	10	28	28	$\chi^2 =$
\$40,000 - \$59,999	45	23	5	27	57.61*	26	12	35	27	97.55*
\$60,000 and over	55	18	8	19	(.000)	18	16	43	23	(.000)
<i>Age</i>		(n = 2106)					(n = 2110)			
19 - 29	44	20	8	28		24	8	37	31	
30 - 39	49	17	6	29		22	11	36	31	
40 - 49	50	24	4	22	$\chi^2 =$	29	13	35	24	$\chi^2 =$
50 - 64	52	20	9	19	33.17*	27	17	36	20	34.75*
65 and older	45	21	10	24	(.001)	29	14	32	26	(.001)
<i>Gender</i>		(n = 2098)			$\chi^2 =$		(n = 2098)			$\chi^2 =$
Male	54	20	8	18	45.97*	26	16	38	21	35.46*
Female	43	21	7	30	(.000)	27	11	32	31	(.000)
<i>Marital Status</i>		(n = 2098)					(n = 2098)			
Married	51	20	7	22		26	14	35	25	
Never married	44	23	11	23	$\chi^2 =$	26	8	40	27	$\chi^2 =$
Divorced/separated	41	20	8	30	24.77*	30	9	33	28	18.90*
Widowed	37	26	7	30	(.003)	27	14	27	32	(.026)
<i>Education</i>		(n = 2076)					(n = 2077)			
High school diploma or less	40	20	9	31	$\chi^2 =$	32	10	26	32	$\chi^2 =$
Some college	48	22	6	23	40.41*	26	14	34	26	56.36*
Bachelors or grad degree	55	19	8	19	(.000)	23	14	43	20	(.000)
<i>Occupation</i>		(n = 1575)					(n = 1571)			
Mgt, prof or education	49	24	7	20		21	13	44	22	
Sales or office support	54	19	4	24		28	14	35	24	
Constrn, inst or maint	53	18	5	25		28	19	27	27	
Prodn/trans/warehsing	53	14	9	24		28	9	35	28	
Agriculture	49	20	8	24		23	13	37	27	
Food serv/pers. care	45	28	6	22	$\chi^2 =$	46	14	19	21	$\chi^2 =$
Hlthcare supp/safety	57	19	3	21	24.63	25	14	41	20	55.88*
Other	48	19	8	26	(.263)	35	10	23	32	(.000)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 5 continued.

	<i>The country as a whole</i>					<i>People age 65 and older</i>				
	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	54	11	9	26		47	20	7	26	
Community Size		(n = 2035)					(n = 2049)			
Less than 500	64	9	6	21		50	23	7	20	
500 - 999	60	11	8	21		56	20	2	22	
1,000 - 4,999	48	15	7	30	$\chi^2 =$	44	22	5	29	$\chi^2 =$
5,000 - 9,999	57	9	9	25	38.72*	48	16	8	28	30.60*
10,000 and up	52	10	11	27	(.000)	45	19	9	28	(.002)
Region		(n = 2098)					(n = 2114)			
Panhandle	62	8	9	21		51	18	6	25	
North Central	49	16	6	29		48	20	5	27	
South Central	52	11	10	27	$\chi^2 =$	44	22	8	26	$\chi^2 =$
Northeast	54	9	9	29	32.88*	49	16	5	31	40.63*
Southeast	57	15	9	20	(.001)	44	27	11	19	(.000)
Individual Attributes:										
<i>Household Income Level</i>		(n = 1986)					(n = 1999)			
Under \$20,000	45	14	11	30		42	21	9	29	
\$20,000 - \$39,999	52	13	9	26	$\chi^2 =$	48	17	10	25	$\chi^2 =$
\$40,000 - \$59,999	53	12	7	29	21.43*	47	22	4	27	18.72*
\$60,000 and over	58	9	10	23	(.011)	47	21	6	26	(.028)
<i>Age</i>		(n = 2108)					(n = 2125)			
19 - 29	49	16	4	31		45	19	7	29	
30 - 39	54	6	9	32		38	18	6	38	
40 - 49	59	11	6	25	$\chi^2 =$	47	20	5	29	$\chi^2 =$
50 - 64	57	11	13	19	67.83*	51	21	9	19	47.78*
65 and older	51	12	10	28	(.000)	48	22	7	23	(.000)
<i>Gender</i>		(n = 2097)			$\chi^2 =$		(n = 2114)			$\chi^2 =$
Male	59	12	9	20	42.53*	47	25	7	21	50.92*
Female	49	11	9	32	(.000)	47	15	7	32	(.000)
<i>Marital Status</i>		(n = 2098)					(n = 2114)			
Married	57	10	9	25		48	20	7	25	
Never married	51	15	7	28	$\chi^2 =$	44	22	7	28	$\chi^2 =$
Divorced/separated	45	14	13	29	23.03*	43	20	8	29	7.46
Widowed	44	12	10	35	(.006)	45	17	7	32	(.589)
<i>Education</i>		(n = 2077)					(n = 2094)			
High school diploma or less	44	12	10	34	$\chi^2 =$	42	18	7	33	$\chi^2 =$
Some college	57	12	7	24	40.00*	49	20	7	25	22.78*
Bachelors or grad degree	59	10	10	22	(.000)	48	23	7	23	(.001)
<i>Occupation</i>		(n = 1571)					(n = 1579)			
Mgt, prof or education	53	13	10	24		46	23	8	23	
Sales or office support	61	11	5	23		53	16	5	26	
Constrn, inst or maint	60	7	7	27		44	22	5	30	
Prodn/trans/warehsing	52	10	11	27		44	18	7	31	
Agriculture	61	7	7	25		47	23	5	25	
Food serv/pers. care	50	15	10	25	$\chi^2 =$	58	12	8	23	$\chi^2 =$
Hlthcare supp/safety	58	12	8	22	25.70	57	19	4	21	30.50
Other	52	10	6	32	(.218)	47	14	7	32	(.082)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 5 continued.

	<i>Self-employed individuals</i>					<i>People with pre-existing health issues</i>				
	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	52	12	8	28		33	12	29	26	
Community Size		(n = 2037)					(n = 2036)			
Less than 500	57	14	4	25		37	14	28	21	
500 - 999	61	12	3	24		38	13	29	20	
1,000 - 4,999	50	15	7	28	$\chi^2 =$	33	12	26	29	$\chi^2 =$
5,000 - 9,999	57	9	9	26	40.88*	31	11	31	28	16.87
10,000 and up	47	11	11	31	(.000)	30	11	30	28	(.155)
Region		(n = 2102)					(n = 2098)			
Panhandle	63	9	10	18		39	9	28	25	
North Central	51	16	5	28		36	12	26	26	
South Central	48	13	9	30	$\chi^2 =$	29	13	32	26	$\chi^2 =$
Northeast	51	11	7	32	34.78*	35	11	23	31	35.02*
Southeast	53	14	9	24	(.001)	30	15	34	21	(.000)
Individual Attributes:										
<i>Household Income Level</i>		(n = 1992)					(n = 1990)			
Under \$20,000	43	15	10	32		35	12	23	29	
\$20,000 - \$39,999	52	10	6	32	$\chi^2 =$	41	11	21	28	$\chi^2 =$
\$40,000 - \$59,999	54	13	7	26	20.06*	34	11	27	28	53.04*
\$60,000 and over	53	12	10	25	(.018)	27	14	36	24	(.000)
<i>Age</i>		(n = 2110)					(n = 2108)			
19 - 29	49	11	4	36		34	7	26	34	
30 - 39	48	11	9	33		27	12	29	33	
40 - 49	56	12	8	24	$\chi^2 =$	33	13	28	26	$\chi^2 =$
50 - 64	55	13	11	20	49.70*	36	13	32	19	45.70*
65 and older	49	14	7	30	(.000)	32	15	27	26	(.000)
<i>Gender</i>		(n = 2103)					(n = 2099)			
Male	56	14	8	22	$\chi^2 =$	33	14	31	21	$\chi^2 =$
Female	48	11	8	33	33.79*	33	10	26	31	33.53*
					(.000)					(.000)
<i>Marital Status</i>		(n = 2100)					(n = 2098)			
Married	54	12	7	27		32	13	29	25	
Never married	47	15	10	28	$\chi^2 =$	34	9	31	25	$\chi^2 =$
Divorced/separated	48	9	12	30	25.22*	34	10	28	28	19.20*
Widowed	42	16	6	37	(.003)	35	11	18	36	(.024)
<i>Education</i>		(n = 2080)					(n = 2077)			
High school diploma or less	45	14	6	35	$\chi^2 =$	33	12	21	34	$\chi^2 =$
Some college	54	14	5	27	56.15*	37	13	24	26	74.34*
Bachelors or grad degree	55	10	12	23	(.000)	28	11	39	22	(.000)
<i>Occupation</i>		(n = 1577)					(n = 1576)			
Mgt, prof or education	52	12	11	25		28	11	36	26	
Sales or office support	57	9	5	29		36	12	29	23	
Constrn, inst or maint	58	8	5	29		37	15	22	27	
Prodn/trans/warehsing	51	7	8	34		28	9	26	37	
Agriculture	55	16	5	24		30	14	32	25	
Food serv/pers. care	40	23	4	33	$\chi^2 =$	35	12	33	21	$\chi^2 =$
Hlthcare supp/safety	59	9	10	22	45.67*	34	16	30	20	55.22*
Other	57	9	5	30	(.001)	46	10	16	29	(.000)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 5 continued.

<i>Children</i>					
	<i>Worse Off</i>	<i>Not Much Difference</i>	<i>Better Off</i>	<i>Unsure</i>	<i>Sig.</i>
Total	26	24	19	31	
Community Size		(n = 2035)			
Less than 500	36	20	16	28	
500 - 999	27	30	15	28	
1,000 - 4,999	26	23	15	36	$\chi^2 =$
5,000 - 9,999	25	27	20	28	44.40*
10,000 and up	22	22	23	33	(.000)
Region		(n = 2095)			
Panhandle	29	26	21	24	
North Central	25	28	12	36	
South Central	23	24	23	30	$\chi^2 =$
Northeast	27	18	18	37	43.57*
Southeast	27	26	21	26	(.000)
Individual Attributes:					
<i>Household Income Level</i>		(n = 1989)			
Under \$20,000	28	20	16	37	
\$20,000 - \$39,999	27	21	19	33	$\chi^2 =$
\$40,000 - \$59,999	26	24	16	35	27.17*
\$60,000 and over	24	27	22	26	(.001)
<i>Age</i>		(n = 2108)			
19 - 29	21	25	16	37	
30 - 39	21	22	19	38	
40 - 49	26	28	18	28	$\chi^2 =$
50 - 64	29	25	23	24	47.74*
65 and older	28	19	19	35	(.000)
<i>Gender</i>		(n = 2096)			$\chi^2 =$
Male	30	26	18	26	41.58*
Female	22	21	21	37	(.000)
<i>Marital Status</i>		(n = 2096)			
Married	26	25	20	29	
Never married	21	26	16	37	$\chi^2 =$
Divorced/separated	27	18	22	34	26.60*
Widowed	24	16	18	43	(.002)
<i>Education</i>		(n = 2074)			
High school diploma or less	26	21	15	38	$\chi^2 =$
Some college	27	24	18	31	27.58*
Bachelors or grad degree	24	26	24	27	(.000)
<i>Occupation</i>		(n = 1572)			
Mgt, prof or education	23	25	24	29	
Sales or office support	32	22	18	29	
Constrn, inst or maint	28	29	13	31	
Prodn/trans/warehsing	24	19	20	37	
Agriculture	31	23	15	31	
Food serv/pers. care	31	29	14	26	$\chi^2 =$
Hlthcare supp/safety	17	35	23	26	47.02*
Other	25	18	20	37	(.001)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 6. Expected Impacts of Health Care Reform Law by Community Size, Region and Individual Attributes

<i>Based on what you know or have heard about the health care reform law, how successful is the health care reform law likely to be at accomplishing the following in Nebraska?</i>										
<i>Increasing access to health insurance coverage</i>					<i>Increasing access to medical health care services</i>					
	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	27	36	4	33		33	30	4	33	
Community Size		(n = 2044)					(n = 2038)			
Less than 500	31	34	3	32		38	28	4	30	
500 - 999	33	29	3	36		38	22	3	37	
1,000 - 4,999	25	37	2	36	$\chi^2 =$	30	33	2	35	$\chi^2 =$
5,000 - 9,999	27	36	6	32	19.95	37	25	7	32	28.39*
10,000 and up	25	38	5	33	(.068)	32	31	4	32	(.005)
Region		(n = 2106)					(n = 2099)			
Panhandle	27	39	6	29		40	25	6	29	
North Central	31	30	2	37		35	26	2	37	
South Central	26	39	5	31	$\chi^2 =$	32	34	4	31	$\chi^2 =$
Northeast	25	33	2	39	31.71*	33	28	3	37	38.61*
Southeast	27	40	4	30	(.002)	31	33	8	28	(.000)
Individual Attributes:										
Household Income Level		(n = 1997)					(n = 1990)			
Under \$20,000	27	28	8	37		34	24	8	34	
\$20,000 - \$39,999	26	33	5	36	$\chi^2 =$	32	29	6	33	$\chi^2 =$
\$40,000 - \$59,999	23	40	1	36	37.53*	30	34	1	35	35.33*
\$60,000 and over	29	38	4	29	(.000)	37	29	4	30	(.000)
Age		(n = 2117)					(n = 2111)			
19 - 29	19	38	7	37		31	28	8	32	
30 - 39	24	40	3	33		32	32	2	35	
40 - 49	29	34	3	35	$\chi^2 =$	34	30	3	33	$\chi^2 =$
50 - 64	31	39	3	27	41.39*	37	31	4	28	30.37*
65 and older	28	31	4	37	(.000)	31	28	5	36	(.002)
Gender		(n = 2106)					(n = 2099)			
Male	32	38	4	26	$\chi^2 =$	39	30	5	25	$\chi^2 =$
Female	22	35	4	40	56.28*	28	30	3	40	61.61*
Marital Status		(n = 2105)					(n = 2100)			
Married	29	36	4	31		36	28	4	32	
Never married	18	41	7	35	$\chi^2 =$	23	42	5	30	$\chi^2 =$
Divorced/separated	22	34	4	40	30.15*	30	26	6	38	35.73*
Widowed	26	29	4	41	(.000)	29	29	4	39	(.000)
Education		(n = 2083)					(n = 2078)			
High school diploma or less	26	29	4	41	$\chi^2 =$	28	27	5	40	$\chi^2 =$
Some college	28	34	3	34	42.08*	35	27	3	35	40.55*
Bachelors or grad degree	25	44	5	27	(.000)	35	35	5	25	(.000)
Occupation		(n = 1570)					(n = 1563)			
Mgt, prof or education	25	43	2	30		35	33	3	30	
Sales or office support	22	39	2	36		36	26	2	36	
Constrn, inst or maint	35	27	2	35		38	23	1	38	
Prodn/trans/warehsing	26	33	7	34		29	25	12	34	
Agriculture	30	33	3	34		39	24	5	32	
Food serv/pers. care	24	44	2	30	$\chi^2 =$	33	33	2	31	$\chi^2 =$
Hlthcare supp/safety	29	47	2	21	59.49*	32	42	3	23	71.65*
Other	35	23	3	40	(.000)	33	25	2	40	(.000)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 6 Continued.

Based on what you know or have heard about the health care reform law, how successful is the health care reform law likely to be at accomplishing the following in Nebraska?										
Increasing use of the most up-to-date information technology in hospitals and doctors' offices					Increasing quality of health care					
	Not at all	Somewhat	Completely	Unsure	Sig.	Not at all	Somewhat	Completely	Unsure	Sig.
	Percentages									
Total	33	27	5	35		44	20	4	32	
Community Size	(n = 2030)					(n = 2024)				
Less than 500	36	26	4	34		49	16	4	32	
500 - 999	34	32	3	31		44	27	2	27	
1,000 - 4,999	33	25	6	37	$\chi^2 =$	43	19	5	33	$\chi^2 =$
5,000 - 9,999	36	24	8	33	15.28	45	21	4	30	15.23
10,000 and up	32	27	5	37	(.227)	44	18	4	34	(.229)
Region	(n = 2096)					(n = 2090)				
Panhandle	37	26	6	32		47	18	7	28	
North Central	32	24	5	39		43	18	2	37	
South Central	33	29	5	33	$\chi^2 =$	45	21	4	31	$\chi^2 =$
Northeast	32	23	6	40	17.50	42	19	5	35	17.83
Southeast	35	29	6	29	(.132)	47	22	5	26	(.121)
Individual Attributes:										
Household Income Level	(n = 1986)					(n = 1983)				
Under \$20,000	26	30	10	34		31	25	10	35	
\$20,000 - \$39,999	29	29	7	35	$\chi^2 =$	41	21	5	34	$\chi^2 =$
\$40,000 - \$59,999	36	24	5	35	30.50*	49	17	4	31	39.46*
\$60,000 and over	37	26	4	34	(.000)	48	19	3	30	(.000)
Age	(n = 2106)					(n = 2102)				
19 - 29	31	26	8	35		43	18	5	34	
30 - 39	36	23	2	39		47	17	2	34	
40 - 49	32	27	4	37	$\chi^2 =$	47	20	4	30	$\chi^2 =$
50 - 64	39	26	5	30	34.63*	48	22	4	27	26.27*
65 and older	28	29	7	36	(.001)	38	21	6	36	(.010)
Gender	(n = 2095)					(n = 2090)				
Male	41	24	7	29	$\chi^2 =$	50	20	5	24	$\chi^2 =$
Female	27	29	4	40	63.09*	39	19	4	39	53.71*
Marital Status	(n = 2093)					(n = 2090)				
Married	35	26	5	34		48	17	4	31	
Never married	33	24	9	35	$\chi^2 =$	35	29	7	29	$\chi^2 =$
Divorced/separated	29	30	4	37	18.27*	35	25	5	36	47.11*
Widowed	24	30	6	40	(.032)	34	21	5	40	(.000)
Education	(n = 2074)					(n = 2071)				
High school diploma or less	28	25	6	41	$\chi^2 =$	36	20	6	38	$\chi^2 =$
Some college	35	26	5	35	21.79*	46	18	4	32	34.44*
Bachelors or grad degree	37	28	5	30	(.001)	49	21	3	26	(.000)
Occupation	(n = 1561)					(n = 1562)				
Mgt, prof or education	34	28	5	33		50	18	3	29	
Sales or office support	35	24	2	39		47	16	2	34	
Constrn, inst or maint	41	17	3	39		52	13	2	32	
Prodn/trans/warehsing	35	17	11	37		38	20	7	35	
Agriculture	36	21	6	37		45	17	6	32	
Food serv/pers. care	29	35	2	35	$\chi^2 =$	51	14	4	31	$\chi^2 =$
Hlthcare supp/safety	37	36	2	26	53.86*	48	26	3	22	39.89*
Other	33	26	4	37	(.000)	38	20	3	39	(.008)

* Chi-square values are statistically significant at the .05 level.

<i>Based on what you know or have heard about the health care reform law, how successful is the health care reform law likely to be at accomplishing the following in Nebraska?</i>										
<i>Motivating and supporting people to improve their health</i>					<i>Health care professionals and organizations, such as hospitals, working together to better manage care for patients</i>					
	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	41	24	5	30		38	25	5	32	
Community Size	(n = 2024)					(n = 2029)				
Less than 500	44	22	4	30		42	20	3	34	
500 - 999	46	26	3	25		41	28	3	28	
1,000 - 4,999	38	22	7	33	$\chi^2 =$	34	27	5	35	$\chi^2 =$
5,000 - 9,999	45	24	5	26	17.54	35	32	5	28	23.76*
10,000 and up	40	25	4	31	(.130)	40	22	5	33	(.022)
Region	(n = 2088)					(n = 2094)				
Panhandle	40	31	4	25		37	31	5	27	
North Central	41	17	4	37		36	25	4	36	
South Central	43	23	6	29	$\chi^2 =$	40	24	4	32	$\chi^2 =$
Northeast	38	25	4	34	31.61*	36	25	5	35	13.88
Southeast	44	27	4	25	(.002)	38	27	7	29	(.309)
Individual Attributes:	(n = 1980)					(n = 1985)				
Household Income Level										
Under \$20,000	28	24	12	36		27	28	10	35	
\$20,000 - \$39,999	36	27	6	32	$\chi^2 =$	32	26	6	36	$\chi^2 =$
\$40,000 - \$59,999	40	26	4	29	67.93*	39	23	4	33	41.42*
\$60,000 and over	49	22	3	27	(.000)	43	25	4	28	(.000)
Age	(n = 2097)					(n = 2106)				
19 - 29	39	23	8	30		37	22	7	35	
30 - 39	44	21	3	32		38	25	2	35	
40 - 49	48	20	2	30	$\chi^2 =$	41	21	3	35	$\chi^2 =$
50 - 64	44	26	4	26	53.03*	43	27	4	26	45.09*
65 and older	31	29	6	34	(.000)	30	29	7	34	(.000)
Gender	(n = 2088)				$\chi^2 =$	(n = 2093)				$\chi^2 =$
Male	50	22	6	23	78.30*	44	25	6	25	56.59*
Female	33	27	4	37	(.000)	32	26	4	39	(.000)
Marital Status	(n = 2087)					(n = 2091)				
Married	45	23	4	29		41	24	4	31	
Never married	32	25	13	30	$\chi^2 =$	28	28	9	36	$\chi^2 =$
Divorced/separated	31	30	5	34	77.79*	31	32	5	33	37.96*
Widowed	27	31	3	39	(.000)	29	27	5	39	(.000)
Education	(n = 2065)					(n = 2076)				
High school diploma or less	32	24	6	38	$\chi^2 =$	29	24	7	39	$\chi^2 =$
Some college	43	24	5	28	37.25*	38	24	4	33	44.44*
Bachelors or grad degree	46	25	4	25	(.000)	44	27	4	26	(.000)
Occupation	(n = 1561)					(n = 1563)				
Mgt, prof or education	46	24	4	26		42	27	4	28	
Sales or office support	47	22	2	29		40	22	4	35	
Constrn, inst or maint	51	14	3	32		45	21	3	32	
Prodn/trans/warehsing	32	26	4	37		38	20	7	35	
Agriculture	44	20	8	28		41	19	7	33	
Food serv/pers. care	45	20	4	31	$\chi^2 =$	25	35	6	33	$\chi^2 =$
Hlthcare supp/safety	47	27	4	22	45.59*	40	33	4	23	42.28*
Other	35	27	1	36	(.001)	40	21	1	38	(.004)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 6 Continued.

<i>Based on what you know or have heard about the health care reform law, how successful is the health care reform law likely to be at accomplishing the following in Nebraska?</i>										
<i>Ensuring access to the latest and newest innovations in treatment, services and medical technology</i>					<i>Decreasing health care costs overall</i>					
	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>	<i>Not at all</i>	<i>Somewhat</i>	<i>Completely</i>	<i>Unsure</i>	<i>Sig.</i>
<i>Percentages</i>										
Total	38	24	5	33		58	10	3	29	
Community Size	(n = 2023)					(n = 2038)				
Less than 500	42	26	3	30		61	6	5	28	
500 - 999	37	28	5	30		64	9	1	27	
1,000 - 4,999	38	23	5	34	$\chi^2 =$	57	11	2	30	$\chi^2 =$
5,000 - 9,999	38	24	8	30	16.38	61	8	3	29	18.98
10,000 and up	36	23	5	36	(.174)	57	10	3	31	(.089)
Region	(n = 2085)					(n = 2102)				
Panhandle	41	26	5	29		59	11	3	27	
North Central	35	25	4	37		54	9	2	34	
South Central	39	23	5	33	$\chi^2 =$	58	11	3	29	$\chi^2 =$
Northeast	37	23	4	36	16.88	56	10	3	31	18.31
Southeast	37	27	8	28	(.154)	64	6	5	26	(.107)
Individual Attributes:										
Household Income Level	(n = 1980)					(n = 1994)				
Under \$20,000	29	26	12	33		44	12	9	35	
\$20,000 - \$39,999	32	25	8	35	$\chi^2 =$	55	9	4	33	$\chi^2 =$
\$40,000 - \$59,999	38	27	4	31	55.96*	58	13	1	28	71.80*
\$60,000 and over	43	22	3	32	(.000)	64	8	2	27	(.000)
Age	(n = 2096)					(n = 2112)				
19 - 29	27	26	11	36		54	10	4	32	
30 - 39	40	22	1	37		55	11	2	33	
40 - 49	41	23	3	33	$\chi^2 =$	62	6	3	30	$\chi^2 =$
50 - 64	45	24	4	27	71.10*	62	11	3	24	26.01*
65 and older	34	25	7	35	(.000)	56	9	4	31	(.011)
Gender	(n = 2087)				$\chi^2 =$	(n = 2103)				$\chi^2 =$
Male	45	24	6	26	56.25*	66	9	4	21	74.83*
Female	31	24	5	40	(.000)	51	10	2	37	(.000)
Marital Status	(n = 2087)					(n = 2102)				
Married	41	23	4	31		61	9	3	28	
Never married	26	30	11	33	$\chi^2 =$	51	15	4	30	$\chi^2 =$
Divorced/separated	33	25	5	37	47.05*	55	9	4	31	25.12*
Widowed	30	26	4	40	(.000)	49	8	3	40	(.003)
Education	(n = 2068)					(n = 2080)				
High school diploma or less	32	20	8	40	$\chi^2 =$	47	10	4	38	$\chi^2 =$
Some college	39	26	4	32	34.09*	61	9	2	29	45.08*
Bachelors or grad degree	42	25	5	28	(.000)	63	10	3	24	(.000)
Occupation	(n = 1555)					(n = 1565)				
Mgt, prof or education	42	25	4	30		62	10	3	26	
Sales or office support	39	25	2	34		61	9	2	28	
Constrn, inst or maint	42	20	2	36		66	6	1	28	
Prodn/trans/warehsing	39	17	7	37		56	5	7	32	
Agriculture	44	24	4	29		62	7	4	28	
Food serv/pers. care	44	22	2	33	$\chi^2 =$	47	16	6	31	$\chi^2 =$
Hlthcare supp/safety	40	33	6	22	41.23*	65	14	2	20	52.37*
Other	30	23	5	43	(.005)	54	6	1	39	(.000)

* Chi-square values are statistically significant at the .05 level.

Appendix Table 7. Expected Information Sources for New Health Care Reform Law by Community Size, Region and Individual Attributes

<i>Which of the following sources do you anticipate getting information from regarding the new health care reform law?</i>							
	<i>Insurance agent</i>	<i>Financial planner/ accountant</i>	<i>Media</i>	<i>Internet</i>	<i>Your doctor</i>	<i>Your pharmacist</i>	<i>Local University of Nebraska Extension office</i>
Total	32	8	57	34	34	20	4
Community Size				(n = 2029)			
Less than 500	37	8	57	29	37	21	7
500 - 999	27	4	60	31	36	16	5
1,000 - 4,999	39	7	56	28	39	25	6
5,000 - 9,999	29	6	55	31	31	17	4
10,000 and up	28	9	57	40	30	18	2
Significance	(.000)*	(.099)	(.811)	(.000)*	(.010)*	(.011)*	(.016)*
Region				(n = 2091)			
Panhandle	28	7	52	36	31	22	5
North Central	40	10	54	31	37	24	6
South Central	29	7	57	35	32	19	2
Northeast	35	8	60	35	37	19	6
Southeast	30	7	60	27	35	20	4
Significance	(.002)*	(.517)	(.152)	(.071)	(.307)	(.495)	(.019)*
Income Level				(n = 1988)			
Under \$20,000	29	5	53	22	37	25	7
\$20,000 - \$39,999	31	4	52	31	36	20	4
\$40,000 - \$59,999	38	10	55	33	31	19	4
\$60,000 and over	29	9	62	39	34	18	4
Significance	(.004)*	(.001)*	(.003)*	(.000)*	(.355)	(.187)	(.308)
Age				(n = 2103)			
19 - 29	35	7	54	43	24	7	1
30 - 39	28	5	57	44	26	11	2
40 - 49	30	8	56	32	27	15	4
50 - 64	33	11	61	35	38	24	5
65 and older	33	6	56	18	49	35	7
Significance	(.292)	(.012)*	(.332)	(.000)*	(.000)*	(.000)*	(.001)*
Marital Status				(n = 2093)			
Married	33	8	57	36	34	20	5
Never married	36	7	56	35	29	10	1
Divorced/separated	23	7	58	31	30	18	5
Widowed	33	5	55	13	47	36	5
Significance	(.021)*	(.608)	(.934)	(.000)*	(.000)*	(.000)*	(.075)
Education				(n = 2071)			
H.S. diploma or less	35	5	55	25	37	24	5
Some college	32	8	53	32	33	19	5
Bachelors degree	31	9	63	42	33	18	4
Significance	(.338)	(.029)*	(.001)*	(.000)*	(.184)	(.017)*	(.382)
Occupation				(n = 1562)			
Mgt, prof or education	28	6	60	39	29	17	3
Sales or office support	32	9	51	39	28	15	4
Constrn, inst or maint	35	6	50	31	25	12	4
Prodn/trans/warehsing	26	6	55	39	40	16	2
Agriculture	50	11	58	27	37	20	9
Food serv/pers. care	38	6	66	44	48	28	4
Hlthcare supp/safety	23	10	61	38	29	12	2
Other	32	12	44	32	29	18	1
Significance	(.000)*	(.147)	(.005)*	(.017)*	(.004)*	(.083)	(.000)*

<i>Which of the following sources do you anticipate getting information from regarding the new health care reform law?</i>			
	<i>Government or health agency/ health care navigator</i>	<i>Friends or relatives</i>	<i>Your employer</i>
<i>Percent circling each response</i>			
Total	16	31	37
Community Size		(n = 2029)	
Less than 500	16	32	26
500 - 999	14	32	28
1,000 - 4,999	17	29	40
5,000 - 9,999	16	34	38
10,000 and up	15	30	40
<i>Significance</i>	(.887)	(.518)	(.000)*
Region		(n = 2091)	
Panhandle	12	31	32
North Central	15	30	37
South Central	16	30	40
Northeast	16	33	35
Southeast	20	32	37
<i>Significance</i>	(.136)	(.906)	(.179)
Income Level		(n = 1988)	
Under \$20,000	21	34	9
\$20,000 - \$39,999	16	33	31
\$40,000 - \$59,999	14	32	44
\$60,000 and over	15	29	46
<i>Significance</i>	(.163)	(.454)	(.000)*
Age		(n = 2103)	
19 - 29	10	49	53
30 - 39	13	31	53
40 - 49	12	26	46
50 - 64	19	27	38
65 and older	22	27	5
<i>Significance</i>	(.000)*	(.000)*	(.000)*
Marital Status		(n = 2093)	
Married	15	29	38
Never married	12	38	57
Divorced/separated	22	36	28
Widowed	19	30	6
<i>Significance</i>	(.013)*	(.020)*	(.000)*
Education		(n = 2071)	
H.S. diploma or less	17	30	26
Some college	16	34	36
Bachelors degree	14	29	46
<i>Significance</i>	(.455)	(.153)	(.000)*
Occupation		(n = 1562)	
Mgt, prof or education	14	24	51
Sales or office support	11	24	36
Constrn, inst or maint	17	41	41
Prodn/trans/warehsing	8	36	56
Agriculture	18	43	30
Food serv/pers. care	22	36	22
Hlthcare supp/safety	14	26	58
Other	12	25	38
<i>Significance</i>	(.077)	(.000)*	(.000)*

* Chi-square values are statistically significant at the .05 level.

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